

Wisconsin Department of Regulation & Licensing

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Website: http://drl.wi.gov

MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING, AND SOCIAL WORK EXAMINING BOARD

PSYCHOTHERAPY/PSYCHOTHERAPEUTIC COUNSELING APPLICATION FOR PROFESSIONAL COUNSELORS

PLEASE TYPE OR PRINT IN INK

☐ Your name and address are available to the public.
☐ Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth _____ month _____ day _____ year	Daytime Telephone Number () _____ - _____
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Ethnic/gender status information is optional. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ American Indian or Alaskan
☐ Black, not of Hispanic origin ☐ Asian or Pacific Islander
☐ Hispanic ☐ Other

Wisconsin Professional Counselor License No. _____

NATIONAL COUNSELOR MENTAL HEALTH CERTIFICATION EXAMINATION (NCMHCE):

Applicants must take and pass the National Counselor Mental Health Certification Examination (NCMHCE) to be eligible to practice psychotherapy or psychotherapeutic counseling without supervision. Mark an "X" in the appropriate box.

- ☐ I need to take the NCMHCE
- ☐ I have taken and passed the NCMHCE and have requested the scores to be sent to the Wisconsin Department of Regulation and Licensing.

List the following: 6 semester credits and 9 quarter credits of post-bachelor's education in psychotherapy modalities.

Course Name	Course Number
_____	_____
_____	_____
_____	_____
_____	_____

Applicants must submit any and all transcripts to verify their post-bachelor's psychotherapy coursework.

Signature of Applicant

Date